

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original 9/22/63
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20	✓
21	✓
22	✓
23	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original 9/22/63
51	✓
52	✓
53	✓
54	✓
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97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	Original 9/22/63
101	
102	✓
103	✓
104	✓
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137	✓
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140	✓
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If more than 150 claims or 10 actions  
staple additional sheet here